

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E

AS 19 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>21012</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Martin Devereaux P.O. Box, Bldg., Room No., if any 9th Floor Street 395 Hudson Street City New York State New York ZIP Code + 4 10014	4. Name, file number, and address of labor organization. Name NY & Vicinity District Council of Carpenters Labor Organization File Number 032-922 P.O. Box, Building and Room Number, if any Street 395 Hudson Street City New York State New York ZIP Code + 4 10014
5. Position in labor organization. Business Representative	

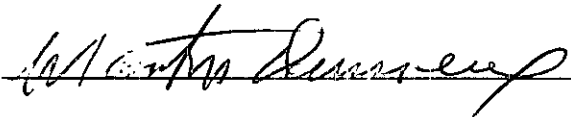
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name NYC Carpenters Labor Management Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 395 Hudson Street City New York State New York ZIP Code + 4 10014	7.a. Nature of Interest, Transaction, or Income. National Labor Management Conference 7.b. Amount. \$50

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/10/2005

Date

212-366-7500

Telephone Number

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Industry Promotional Fund for WC&CI

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 Jericho Turnpike

City Jericho

State New York

ZIP Code + 4 11753

7.a. Nature of Interest, Transaction, or Income.

Labor Managment meeting

7.b. Amount.

\$175

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

